



Institutional capacities and collaboration with communities of disability service centres in Thailand from the perspective of ‘social model of disability’

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Abstract

The ‘Social Model of Disability’ first appeared in the United Kingdom and the United States of America and became popular among persons with disabilities involved in the independent living movement worldwide. However, some critics argue that the ‘Social Model of Disability’ does not affect the actual lives of persons with disabilities, especially in developing countries where people have limited access to health, education, social welfare and other public services. This research aims to identify disabilities prevalent in developing countries. Thailand was selected as the target area of study as it recently introduced a country-wide administrative system called ‘Disability Service Centre’ to support persons with disabilities. The research methodology includes literature reviews and field interviews. Field interviews mainly focused on the opinions of persons with disabilities. This study consisted of three frameworks: 1) disabilities in regulations and institutions; 2) disabilities in people’s biases and attitudes in a community; and 3) disabilities of persons with disabilities or disabled people’s organisations. The major deficiencies found in regulations and institutions were budget, functions, organisational capacities and relationships among organisations. People’s biases and attitudes in the examined community included non-cooperation from families and neighbours, lack of understanding at the office and competition in the market. Persons with disabilities or supporting organisations lack of financial resources and administrative capacities. In conclusion, disabilities in society can be eased not only by the establishment of a system or service but also through advocacy and empowerment of disabled people’s organisations. The ‘Social Model of Disability’ can be applied to Thai society when combined with a rights-based approach. Regarding implications of the study, the creation of workspaces offers good opportunities for persons with disabilities and non-disabled persons to communicate with each other and understand the rights of persons with disabilities. Capacity development of DPOs is crucial for their participation in society and advocacy of the rights of persons with disabilities. However, this study was limited by the short period for which the sub-district disability service centres had operated in Thailand. Further studies will be required to examine social disabilities on a long-term basis.

Keywords: Disability service centre, Thailand, social model of disability, persons with disabilities, disabled people’s organisations

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1. Introduction

The ‘Social Model of Disability’, which states that disabilities do not exist in human bodies but in the society, was developed during the disability movement in the United Kingdom and the United States of America in the 1970s. This model became known among those involved in the independent living (IL) movement in East and Southeast Asian countries such as Japan and Thailand. However, the Social Model of Disability is not popular in South and South-east Asia as the perspective of disability is influenced by religious thought that links disability with misconduct in the present or a past life [1]. This model is opposed by disabled and non-disabled academics, as well as by

people with disabilities worldwide who believe that it has no relevance in real life [2]. According to Shakespeare [3], one of the reasons for this is that the strong social model overstates the social creation of disability and fails to give an adequate account of the complexities of disabled people’s lives.

Thailand is one of the major countries in Southeast Asia where the Social Model of Disability was gradually introduced to people with disabilities during the IL movement in the 2000s. From 2004 to 2009, 11 IL centres based on the philosophy of the Social Model of Disability were established in Thailand [4]. The major activities of the IL centres include providing information, peer counselling, skill training for independent living, rights advocacy, and the introduction of personal assistants (PAs) to persons with disabilities. At that time, persons with disabilities in Thailand played

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important roles in establishing laws and regulations to realise certain rights for all persons with disabilities. As a result of the disability movement, the government of Thailand ratified the Convention on the Rights of Persons with Disabilities in 2008, and the Persons with Disabilities Empowerment Act 2007 came into force in 2011. The Act was revised in 2013 to legally define the establishment of disability service centres (Table 1).

Such efforts to establish accessible environments through the development of laws and regulations could be regarded as introduction of the Social Model of Disability in Thailand, but in practice this model was not accessible to most people with disabilities in Thailand [5]. In rural communities, persons with disabilities are mainly taken care of by their family members, especially women, such as mothers, sisters, or daughters. Although some people can afford to recruit personal assistants, the majority of people with disabilities cannot.

Since availability of personal assistants is limited, persons with disabilities in the rural community in Thailand build a relationship with neighbours based on mutual support. For example, most persons with disabilities provide inexpensive community services such as laundry, cooking and home repairs to neighbours, in exchange for free meals [6]. In a community where people know each other, they can rely on others to some extent regardless of whether they have a disability or not. However, it is difficult for persons with disabilities in the rural community to rely on such support when their family members or neighbours need to work outside of their community. Many rural farmers in Thailand started to work away from home as temporary workers, earning more than half of their cash income from the non-agricultural sector since the mid-1990s [7]. As a result of modernisation, it is nearly impossible for modern rural communities to prioritise mutual support relationships over personal interests [8].

Provincial disability service centres (A province is called 'Jangwat' in Thai) and general disability service centres exist at the sub-district level (A sub-district is called 'Tambon' in Thai; hereafter called 'sub-district disability service centres') started providing services to persons with disabilities since 2014 [9]. Provincial disability service centres were set up at the provincial offices of the Ministry of Social Development and Human Security (hereafter called 'MSDHS'), while sub-district disability service centres were established by local administrative offices, government organisations, disabled people's organisations (DPOs) or non-governmental organisations (NGOs) for persons with disabilities. According to the functions of the provincial and sub-district disability service centres listed in Table 2, sub-district disability service centres are mainly responsible for providing direct services to individuals with disabilities while provincial disability

service centres focus on inter-organisational collaboration and law enforcement.

According to Thailand's Department of Empowerment of Persons with Disabilities, MSDHS, there are 2,366 sub-district disability service centres as of 2 December 2019, of which 2,098 (88.7%), 134 (5.7%) and 134 (5.7%) centres are managed by sub-district administrative organisations (SAOs) or other local authorities, government organisations, and organisations of/for persons with disabilities, respectively¹.

2. Objectives

The objectives of this study are to describe the mechanism of social creation or the construction of disability in Thailand through the implementation of disability service centres and to examine the credibility of the Social Model of Disability in the social and cultural contexts of rural communities in Thailand.

3. Literature Review

Thai scholars have conducted valuable researches related to public service for persons with disabilities at the community level in Thailand and revealed problems of institution and people's biases in implementation of disability service centres. The remarkable role of DPOs in the service delivery for persons with disabilities was also described in the previous studies. The research by Netphanthang and Rittirod [10] on public service for persons with disabilities in the sub-district level described some issues related to human resources, financing and equipment. For example, officers in charge at SAO and community volunteers for persons with disabilities did not have adequate knowledge about the service for persons with disabilities. The number of personnel who had proper knowledge and skills on how to use equipment for persons with disabilities were also insufficient. The authors proposed utilization of network of health volunteer in Thailand in order to cover the lack of human resources. Chaiyasantroj [11] conducted a research on public service and social welfare for older adults and persons with disabilities in Chiang Mai province. The promotion of civil engagement and the development of civil engagement mechanism were key recommendations from this research. More recent studies have been conducted after the launch of disability service centres nationwide. According to the research on system and structure for implementation of disability service centres by Siam University [12], disability service centres run by DPOs are highlighted as organisations which enable persons with disabilities to improve service for them and the quality of their life.

¹Information was obtained through an e-mail sent by the Department of Empowerment of Persons with Disabilities, Ministry of Social Development and Human Security of Thailand.

Table 1. Disability laws and institutions in the 2000s and 2010s.

	The 2000s	The 2010s
Laws and regulations	<ul style="list-style-type: none"> • 2007 Persons with Disabilities Empowerment Act • Convention on the Rights of Persons with Disabilities (Thailand signed in 2007 and ratified in 2008.) • The 3rd national plan for the empowerment of persons with disabilities (2007 – 2011) 	<ul style="list-style-type: none"> • 2013 Revision of 2007 Persons with Disabilities Empowerment Act • The 4th and 5th national plan for the empowerment of persons with disabilities (2012 – 2016, 2017 – 2020) • The notice of implementation guideline and paper forms requesting support to general disability service centres (2017)
Institutions	<p>‘Social Model of Disability’ was introduced to Thailand through the establishment of Independent Living (IL) centres</p>	<p>The establishment of disability service centres is determined by the law.</p>

Source: Edited by the author based on information from the Asia Disability Information Centre (ADIC).

Available from: <http://adinfo.jp/thailand/policy.html> [Accessed on 4 June 2021] and United Nations Treaty Collection.

Available from: https://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IV-15&chapter=4&clang=.en [Accessed on 4 June 2021].

Table 2. Functions of disability service centres.

	Provincial disability service centres	Sub-district disability service centres (General disability service centres)
Laws and regulations	<ul style="list-style-type: none"> • Inspection, research, analysis, and monitoring of the situations and problems in the province • Inspection and reporting of cases violating the rights of persons with disabilities 	
Institutions	<ul style="list-style-type: none"> • Coordination, screening, referral to the government or public organisations • Cooperation and integration of concerned parties Support of facilities and technical services to organisations that support persons with disabilities • Operation of the provincial committee of empowerment of persons with disabilities, management of funds 	<ul style="list-style-type: none"> • Collaboration with concerned government organisations
Individual support or service	<ul style="list-style-type: none"> • Management of registration and database, provision of information • Provision of support when the service of sub-district disability service centres is not available. 	<ul style="list-style-type: none"> • Provision of information on the rights and social welfare of persons with disabilities • Advocacy on behalf of a person with disability • Provision of service to support persons with disabilities to receive medical care, rehabilitation, and assistive devices • Assistance for basic daily living, vocational training, and recruitment
Others	<ul style="list-style-type: none"> • Any other duties described by the law or delegated by the National Committee of Empowerment of Persons with Disabilities or provincial office of Social Development and Human Security. 	<ul style="list-style-type: none"> • Any other duties delegated by the National Committee of Empowerment of Persons with Disabilities, the Department of Empowerment of Persons with Disabilities, or provincial disability service centre.

Source: Implementation guidelines and paper forms requesting support to general service centres for persons with disabilities, issued by the Department of Empowerment of Persons with Disabilities, Ministry of Social Development and Human Security of Thailand in January 2017 (translated and categorised by the author)

Another study [13] reported some financial and human resources constraints for the case management of persons with disabilities at disability service centres.

4. Methodology

There are two major reasons for choosing Thailand as the research area for this study. First, although the Social Model of Disability was introduced more than a decade ago in Thailand through the movement for persons with disabilities for IL, persons with disabilities continue to face difficulties in practicing it in everyday life. In this study, social disabilities from the perspectives of persons with disabilities in Thailand were analysed. Second, Thailand started establishing sub-district disability service centres throughout the country in 2014. Detailed analysis of the effectiveness of disability service centres highlighted how environmental changes such as the establishment of laws and regulations can remove barriers in society and change the daily lives of persons with disabilities in the country from the perspective of the Social Model of Disability.

This study was conducted through literature reviews and field surveys. At the planning stage, this re-

search qualified after an ethical review conducted by the Graduate School of Human Sciences, Osaka University. A survey of relevant literature, including academic books and articles, laws, statistical reports and newspapers was conducted from April 2017 to December 2020 in Japan and Thailand. Field surveys were conducted in Bangkok, Chiang Mai, Nakhon Pathom, Nonthaburi and Pathum Thani during 1 – 6 January 2018, 20 – 28 July 2019 and 11 – 19 January 2020.

During the field surveys, key informant interviews were conducted with 32 persons from eight disability service centres, either individually or in a group. The criteria for the selection of disability service centres were: 1) disability service centres run by DPOs or recruiting persons with disabilities or their family members, and 2) disability service centres that have been operating for more than a year. Sub-district disability service centres in Chiang Mai were selected from the list of 65 sub-district disability service centres, which was provided by the provincial disability service centres of Chiang Mai. Sub-district disability service centres in the other provinces were introduced by IL centres in Thailand. Among the 32 interviewees from eight disability service centres, 24 were persons

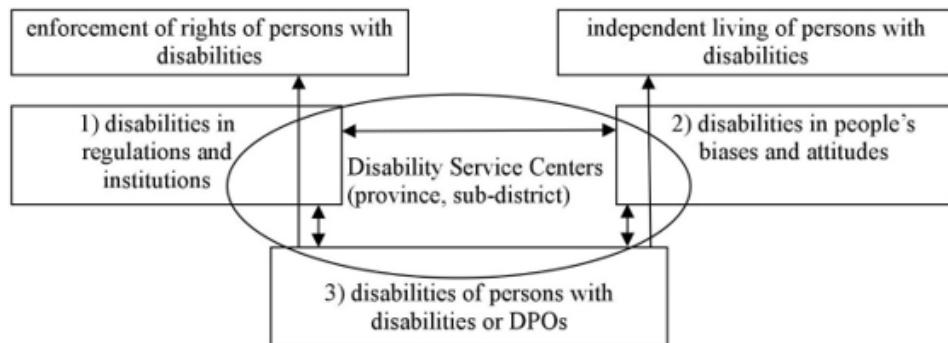


Figure 1: Framework of analysis.

with disabilities and eight were non-disabled persons. Apart from the interviews at disability service centres, interviews were conducted with six persons (three were persons with disabilities and three were non-disabled persons) from five organisations (two government organisations, two DPOs and one NGO) to obtain objective opinions regarding disability service centres. A total of 38 persons were interviewed (see Table 3). 27 out of 38 persons expressed willingness to cooperate with the research by signing a consent form. The remainder 11 persons gave oral agreement, which was recorded on an electronic device as evidence of consent.

According to previous studies on disability, the Social Model of Disability can be classified into two categories: the ‘social creationist view of disability’ focuses on the barriers in regulations and institutions within society, while the ‘social constructionist view of disability’ emphasises the biases and attitudes of non-disabled people in society [14, 15]. In addition, there is a relevant study on Social Model of Disability. Ryoji Hoshika [16] discussed the practice and theory of resolution of disability by categorising it into two distinct phases: ‘institutional’ and ‘non-institutional’. Satoshi Kawashima [17] explained that disabilities are disadvantages created by the interaction between persons with impairment and social barriers. Based on these studies, three frameworks were adopted to analyse the social creation or the construction of disability in Thailand, as shown in Figure 1. The first framework is ‘disabilities in regulations and institutions’ for the enforcement of rights of persons with disabilities. In this category, laws and regulations issued by the government and its implementation structures are included. The second is ‘disabilities in people’s biases and attitudes in a community’ which hamper independent living of persons with disabilities. It includes individual values and behaviour, as well as customs or culture of people in the community that are not clearly written in official documents. The third is ‘disabilities of persons with disabilities or DPOs’, referring to the difficulties of persons with disabilities in the implementation of DPOs, and organisational weakness

of DPOs, which lie inside and outside of the organisation.

5. Results

The findings obtained during the field surveys concerning the disability service centres in Thailand are as follows.

5.1 Disabilities in regulations and institutions

5.1.1 Budget

According to a statement by the Chiang Mai office of MSDHS, an annual budget of 30 million Thai Baht (hereinafter called ‘THB’, 1THB=0.03USD) is allocated for all sub-district disability service centres. It is possible to request additional funding from MSDHS during financial shortages. The upper limit of the annual budget for a sub-district disability service centre run by DPOs and NGOs is not specified. When an SAO has established a sub-district disability service centre, it receives the annual budget from the provincial office of MSDHS according to its development plan. For example, a sub-district disability service centre, Banpao SAO in Mae Taeng District (called ‘Amphoe’ in Thai), Chiang Mai Province, secured an annual budget of 20,000THB according to the local development plan for the period between 2018 – 2022. In addition, the SAO can receive financial support from MSDHS for the construction of a barrier-free toilet or house, job creation, identification cards, and social events for persons with disabilities. Local aid organisations such as the Red Cross of Mae Taeng District and Chiang Mai Province also provide some financial support for persons with disabilities in the district.

The Chiang Mai office of MSDHS explained that not all sub-district disability service centres of SAOs used the maximum yearly budget of the centre due to constraints of time and effort required for the implementation of projects. Sub-district disability service centres should write proposals to obtain financial support. It was discovered through interviews conducted by the author that NGOs gain approximately 1 to 2

Table 3. Characteristics of interviewees and interviewed organisations.

Demographic characteristics of the interviewees (Number of person)	Sex: - Male: 19 - Female: 19 Tribe: - Thai: 30 - Karen: 7 - Lua: 1 Age: - Below 20: 0 - 20-29: 5 - 30-39: 7 - 40-49: 15 - 50-59: 6 - More than 60: 5 Province of residence - Chiang Mai: 28 - Bangkok: 4 - Nakhon Pathom: 3 - Pathum Thani: 2 - Nonthaburi: 1
Interviewees by category of disability (Number of person)	Persons with disabilities:27 (71.1%) - Visual: 17 (44.7%) - Physical: 8 (21.1%) - Hearing: 2 (5.3%) Non-disabled persons: 11 (28.9%)
Type of interviewed organisation (Number of organisation)	Disabled people's organisation:7 (50.0%) Government Organisation: 4 (28.6%) NGO for Disabled People: 3 (21.4%)
Year of establishment of interviewed disability service centre (number of organisation)	2014: 3 2015: 2 2016: 1 2017: 2
Roles of interviewed disability service centre (number of organisations, multiple answers)	Vocational training: 6 Development of database and information provision: 3 Advocacy: 3 Networking and coordination:3 Support in daily living: 3 Medical rehabilitation: 1

Source: The author

million THB per year, while DPOs receive 0 to 2 million THB per year. In Chiang Mai, a sub-district disability service centre run by a DPO stated that it receives funds in February that should be cleared by September of the same year, which allows for only eight months for the implementation of projects. The projects should be operated sequentially, and duplication of the project period is not allowed. DPOs must conduct projects within a limited timeframe and return the remaining funds if they are unable to utilise them completely.

5.1.2 Functions and Organisational Capacities

According to the guideline [18], DPOs and NGOs must pass an examination and clear a standard to register as a sub-district disability service centre. NGOs seem to have no difficulties in documentation as they have specialised administrative staff. However, there are few NGOs specialised in supporting persons with

disabilities in rural areas in Thailand. SAOs have the advantage of managing sub-district disability service centres. For example, there were 65 sub-district disability service centres in Chiang Mai as of July 2019 based on the list of sub-district disability service centres provided by the Provincial Disability Service Centre of Chiang Mai, of which 55, five and five centres were managed by SAOs, government organisations and organisations of/for people with disabilities, respectively.

A community development officer of a SAO explained that distributing assistive devices directly to persons with disabilities is not allowed. When it is necessary to provide assistive devices such as wheelchairs or walking canes to residents, the SAO communicates with the provincial office of MSDHS, companies or hospitals, and thus indirectly provides these devices to the residents. Due to this regulation, the main role of a sub-district disability service centre

managed by SAOs is to conduct training programs or seminars to disseminate information and knowledge. When the budget is 20,000THB per year, it is able to organise approximately four training sessions a year.

The functions, activities and projects of sub-district disability service centres are determined according to the guidelines of the Department of Empowerment for Persons with Disabilities [18]. Therefore, many activities or projects of sub-district disability service centres are limited due to the constraints of law and regulations.

5.1.3 Relationship among organisations

During the interview survey, an officer of the SAO said that one of the advantages of registering as a sub-district disability service centre was to have a regular connection with the upper organisation: a provincial disability service centre. Whenever a new project is initiated, the provincial disability service centre informs all the sub-district disability service centres in the province. The provincial disability service centre of Chiang Mai said that it occasionally conducts seminars or trainings to establish a network of persons or organisations related to disability issues in the targeted district. Members of the sub-district disability service centres in the targeted district are invited to the training organised by the provincial disability service centre. Contrary to the expectations of DPOs, opportunities for the provincial disability service centre to conduct an on-site visit at sub-district disability service centres are limited, as the provincial disability service centre has approximately ten people to supervise of 65 sub-district disability service centres.

Sub-district disability service centres run by DPOs are organisations authorised by MSDHS, which means that centres have little influence on matters related to other ministries such as the Ministry of Education. During the field interview, one of the sub-district disability service centres run by DPOs explained his desire to open a school for adults with visual impairment to teach them Braille. He said that he consulted the district and provincial offices of the Ministry of Education regarding technical and financial support, but his efforts failed because they lacked curricula, human resources, and the budget to provide education for persons with visual disabilities who are over 18 years old.

5.2 Disabilities in People's Biases and Attitudes

Under the system of the disability service centre, there are two major activities related to the community: vocational trainings² and recruitment by subcontracting. People's biases and attitudes regarding the

implementation of a disability service centre are detrimental to persons with disabilities and can be observed at home, in the neighbourhood, and at the workplace.

5.2.1 Non-cooperation from Families and Neighbours

Several members of DPOs stated during the interview that most persons with disabilities in Thailand stay at home without going to study or work due to a lack of support from families and neighbours. The behaviour of families and neighbours is rooted in the general false understanding of disabilities which is 'a person with disability cannot do anything'. Not only persons with disabilities but DPOs also suffer from bias and similar attitude in their neighbourhoods. One of the DPOs purchased land in the city to relocate the office of the DPO. However, the construction of the building was blocked by the neighbours as they were afraid of noise and smells that may ensue from the DPO's office. In another case, an organisation of persons with visual disabilities was accused that a part of its signboard encroached on the road, although there were several other signboards encroaching on the same road that did not face similar accusations.

Sub-district disability service centres provide vocational trainings to the target group. Sub-district disability service centres use a list of registered persons with disabilities at a SAO to contact and invite a person with a disability in a community to a vocational training program. Some participants were introduced by their neighbours. In the mountainous area of northern Thailand, the lack of an ID card is an additional barrier to access. In some of the hill tribes, some individuals over 40 years do not even have a Thai citizen ID card, as it was difficult to apply for previously. Without an ID card, it is difficult to apply for a disability certificate. The factors that affect access to public service for persons with disabilities include: 1) whether a family of persons with disabilities has interest and money to send them for registration³; 2) whether there are neighbours or organisations who can connect a person with disability to a sub-district disability service centre; and 3) whether a family of persons with disabilities has the intention or understanding to send them for training or any other service.

5.2.2 Lack of Understanding at Offices

In accordance with the 33rd and 35th Articles of the 2007 Persons with Disabilities Empowerment Act, companies can have employees with disabilities not only in their offices but also somewhere outside their offices. Persons with disabilities conclude a contract

²For example, a SAO and an NGO in Mae Taeng District, Chiang Mai Province provide trainings on growing vegetables and raising chickens. A DPO in the same district provides training on traditional Thai massage, how to make brooms and mats, and the usage of smartphones.

³According to the interview with a SAO in Mae Taeng District, Chiang Mai Province, the process of creating a disability certificate in Chiang Mai is 1) examination at the hospital, 2) preparation of an ID photo, and 3) application of a disability certificate at Chiang Mai Provincial Office of Ministry of Social Development and Human Security (MSDHS).

with a company and work at government organisations near their home with a salary paid by the company. As of 2019, 38,688 persons with disabilities work under the 33rd Article and 12,811 work under the 35th Article nationwide in Thailand [19]. Some persons with disabilities work at provincial or sub-district disability service centres in rural areas under this system. It helps persons with disabilities to have income sources and social participation. However, there are some cases where employers do not allow an employee with disabilities to come to work, fail to pay a full salary to employees with disabilities, or do not give rights equal to other non-disabled employees [20].

5.2.3 *Competition in the Market*

As opportunities to work for a company or at a government office are limited, some persons with disabilities establish their own businesses after completing a vocational training provided by sub-district disability service centres. MSDHS offers an initial investment for persons with disabilities to start a small business in their community. However, it is not easy to make a living from personal business according to interviews with persons with disabilities who are working at a sub-district disability service centre. For example, persons with disabilities can participate in a training program on how to raise chickens, but they cannot sell chickens after the training because many other people sell chickens at the market. Persons with visual disabilities who receive an order of embroidery products at home can earn only 25 THB per item (10cm × 10cm), as most of the earnings are deducted for materials, transportation, and sales, which are often managed by non-disabled people.

5.3 *Disabilities of Persons with Disabilities or DPOs*

DPOs are struggling to prepare documents for application and few DPOs pass the standard required to establish a sub-district disability service centre. Some DPOs refrain from applying because of the enormous amounts of paperwork required. Another problem is the implementation cost of a sub-district disability service centre. During the interview survey, it was found that the expenses that were not allowed as cost of maintaining a sub-district disability service centre were a burden on DPOs. Regular incomes for DPOs that are required to cover the extra costs include membership fees of 100 THB which is not always achievable as most of their members are poor and thus unable to pay. DPOs are also unable to collect the membership fee when new members have joined.

6. Discussion

6.1 *Disabilities in Regulations and Institutions*

Service delivery for persons with disabilities at the community level has been strengthened through various policies and regulations in Thailand including the

revision of the 2007 Persons with Disabilities Empowerment Act in 2013 which legally defined the establishment of disability service centres [21]. As sub-district disability service centres implemented by SAOs account for 88.7% of the total number of sub-district disability service centres, delegation of sufficient roles and responsibilities to a SAO implementing a disability service centre can become a particularly important means for effective service delivery to persons with disabilities. At the same time, simplifying the procedure of application and easing the regulation for implementation of disability service centres would be necessary to increase the number of disability service centres run by DPOs and NGOs.

6.2 *Disabilities in People's Biases and Attitudes*

People's biases and attitudes towards disabilities make persons with disabilities unable to exercise their rights and address their needs. The result of interviews revealed that some persons with disabilities in rural areas did not apply for a disability certificate at the local government office or did not have the opportunity to study and work due to the lack of understanding of families and neighbours. Therefore, they could not access to the public service and missed the chance of social participation for long period. In Thailand, raising awareness of persons with disabilities, their families and people in the community has been achieved through the implementation of activities for income generation or independent living [21]. For example, Thai massage salons managed by persons with visual disabilities can play an important role in developing communication between persons with visual disabilities and non-disabled persons. Some disability service centres have persons with disabilities who work under the contract of a big company according to the 33rd and 35th Article of the 2007 Persons with Disabilities Empowerment Act. Recruiting persons with disabilities at a sub-district disability service centre of an SAO can have a positive effect in spreading awareness about the rights of people with disabilities among people living in the community. A previous study [22] suggested the possibility of developing mutual support among various types of people in the community including persons with disabilities, children, older adults by creating a place/space for joint activities or work so as to be able to communicate with each other.

6.3 *Disabilities of Persons with Disabilities or DPOs*

Major challenges of DPOs in the implementation of disability service centres are a shortage of funds and administrative capacities. Many sub-district disability service centres run by DPOs rely on funds from the provincial disability service centre of MSDHS. When DPOs come up with projects or any other activities in line with the regulation or guideline of the disability service centre, projects that are not covered by the MSDHS fund are unlikely to be implemented. Lack of

administrative capacities can be covered by increasing the number of members, volunteers, or external supporters. However, some persons with disabilities are not interested in joining DPOs when they start working in the community [23]. Therefore, some DPOs are trying to find external supporters by themselves and successfully working with influential figures such as academics and religious leaders [24].

7. Conclusion

As a result of the establishment of disability service centres in Thailand, the level of awareness has increased among concerned people regarding the rights of people with disabilities through seminars and training programs implemented by these centres. Recognition of persons with disabilities among local people improved as persons with disabilities started working at disability service centres established in government offices. Generally the confidence of people with disabilities has improved regardless of whether they are working for government agencies, at home, or in the private sector. However, prejudice and discrimination toward persons with disabilities remain in many aspects of society. This research revealed that disabilities in the society can be eased by not only the establishment of a system or service but also by advocacy and empowerment of DPOs. The Social Model of Disability can be accepted and applied to Thai society when it is implemented along with a rights-based approach.

8. Implications

The findings of this research suggest that the creation of workspaces such as Thai massage salons managed by persons with visual disabilities and SAOs employing staff with disabilities offer good opportunities for persons with disabilities and non-disabled persons to communicate with each other and understand the rights of persons with disabilities. These activities in both the public and private sectors should be encouraged to spread awareness in society to achieve the rights and independent living by persons with disabilities.

Capacity development of DPOs is crucial for their participation in society and advocacy of the rights of persons with disabilities. The capabilities of DPOs in Thailand have improved through the experience of working with people in the community, government organisations and the private sector. However, it is important for DPOs to have a multi-sector network focusing on not only social welfare but also public health, education, labour, industry, and local administration. The administrative capacities and financial sustainability of DPOs must be enhanced through opportunities to learn marketing, sales and finance. Some DPOs are not ready to register as sub-district

disability service centres. Oliver and Sapey [25] explained that partnership with service users has been emphasised and the value of the support that DPOs can provide has been recognised since Seebohm's report in 1968 in the United Kingdom. Moreover, Fiedler [26] argued that involvement of service users within social services could range from information through consultation and partnership with delegated control. In the future, sub-district disability service centres of SAOs in Thailand can contract out a portion of their services to local DPOs to support the initiative and capacity building of DPOs.

9. Limitations

This research focuses on the identification of the current situation of disabilities in the regulations and within communities and determines the impact on persons with disabilities and DPOs in the context of the implementation structure of the disability service centres in Thailand. The sub-district disability service centres where this research was conducted had only been in operation between two and five years; therefore, the relationships among 1) disabilities in regulations and institutions, 2) disabilities in people's biases and attitudes in a community, and 3) disabilities of persons with disabilities or DPOs cannot be completely explained. Further studies are needed to determine these relationships over time and actual changes in disabilities in society on a long-term basis.

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